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LET'S SEE YOUR CREDENTIALS

TAKING OUR PULSE

Broadspire is unique among third party administrators (TPAs), and most carriers, in having its own in-house Physician Review Services (PRS or peer review) unit. Currently our panel consists of 250 physicians in 45 different specialties and sub-specialties located all across the nation. A core group of 20 of these independent contractor physicians (and psychologists/physical therapists/chiropractors) performs its reviews on-site at our Sunrise, Florida managed care headquarters. The reviews span a wide range of benefit plans including workers compensation, auto and general liability, product recalls, short/long term disabilities and other absences.

This Medigram discusses the rigorous process by which physicians are selected and trained for this critical role.

JUST WHAT THE DOCTOR ORDERED

Candidates for our PRS panel arrive at our doors through various avenues: recommendations from their colleagues who already work with us; nominations from Broadspire adjusters and case managers; direct solicitations from physicians/groups performing evaluation services seeking an additional source of referrals; and recruitment efforts of our Medical department to fill certain panel gaps in order to increase capacity and maintain our excellent turn-around times.

Here are the key steps in evaluating prospects and preparing them to join the panel.

- The physician initially submits a screening questionnaire, which ensures that our minimal criteria are reviewed and met before proceeding any further. Providers are asked to list their board certification(s) and states of licensure. Board certification is required of all reviewers, and states of licensure are critical because certain states, for workers compensation, require that reviewers be licensed in the state where the claim has been filed. Other elements addressed are: prior experience in peer review roles; availability to produce timely reports; willingness to conduct prompt peer-to-peer teleconferences with treating providers; and acceptance of our standard reviewer fee schedule. Candidates are also requested to submit their full resumes along with the questionnaire responses. Broadspire's chief medical officer reviews both documents, and if they are deemed acceptable, then the next steps follow.

- The physician is provided with Broadspire's full application form, as well as our peer reviewer agreement. The application requires precise and complete responses concerning: education and medical training; licensure states and numbers; drug enforcement administration (DEA) license; board certification(s); work history; hospital privileges; malpractice coverage; and other affiliations and certifications. The physician also must reveal whether there have been any adverse professional events in the past, such as license restrictions, or suspensions; loss of hospital privileges; malpractice cases; criminal record; sanctions by state or federal agencies; and physical or mental impairment. All positive responses require full explanation. The physician must attest to the accuracy of all submitted information.
- The Broadspire physician agreement, in addition to the usual elements, contains our ethical code of conduct, which describes our mutual responsibilities: independent decisions based solely on the objective clinical circumstances of any case; avoidance of any conflict of interest in the case being reviewed; confining a physician's determinations to his/her established scope of expertise; and ensuring that all interactions with treating providers and staff are collegial and non-adversarial.
- When the physician application is returned, it is forwarded to a credentials verification organization (CVO). This entity is responsible for conducting a thorough verification of all the submitted information, which is accomplished by checking with the appropriate primary or secondary sources to validate that the data is complete and accurate, e.g. state medical boards; medical schools and hospitals; the American Board of Medical Specialties; the National Practitioner Data Bank, etc. This process complies with URAC credentialing guidelines as required for our ongoing re-accreditation as an independent review organization (IRO).
- While the credentials verification is in process, an initial or basic orientation for the prospect physician is provided by a nurse (RN) within the PRS unit. Some physicians reconsider their interest at this point, as they are exposed to the demands of this role, which are fairly substantial. They require an understanding of workers compensation and disability products; up-to-date familiarity with current evidence-based medicine guidelines and their application; and painstaking attention to detail in completing their assigned reviews. It is best to identify their level of commitment (or lack thereof) at this stage, rather than later on. If the orientation doesn't deter the physician, then a second, considerably more comprehensive training session is scheduled. Training includes the use of our proprietary, secure PRS system from which review referrals are generated and collected. In the case of some multi-physician entities, these orientation/training activities have been delegated to the group, with the trainer having been fully trained by our team.
- Once the CVO submits its findings, the CMO/credentials committee reviews the physician's full application as well as the CVO report, and determines whether the provider qualifies as a PRS panel reviewer.
- This cycle repeats every 3 years. Re-credentialing is triggered, and exactly the same steps are followed, as each physician approaches the third anniversary of their initial or subsequent credentialing date.
- Of course, credentialing is further supplemented by ongoing quality monitoring and feedback, which is provided by RNs and designated physicians on our quality assurance (QA) team. However, that is a topic for a future Medigram.

CIRCULATING IN THE PRESS

The vast majority of physicians and other medical professionals are honest and trustworthy. However, the credentialing process does ensure that there is no “misrepresentation” of key information.

“During the last 15 years, concerns over public safety have led to many state medical boards being given authority to investigate as a condition of licensure whether doctors have a criminal history. But how that authority is used varies from state to state.

Physicians with criminal records may be denied a license, have restrictions placed on their practice or face no repercussions, depending on the will of the board in a particular state.

‘Every situation is different and is addressed on an individual basis,’ said Dan Wood, spokesman for the Medical Board of California.

Of the nation’s 70 medical boards, 46 boards in 36 states can conduct a criminal background check as a condition of licensure. Of those, 40 boards in 31 states have access to the Federal Bureau of Investigation database, according to the Federation of State Medical Boards.

Medical board officials say they are not sure how many physicians have criminal histories.

‘It is not infrequent,’ said Mari Robinson, executive director of the Texas Medical Board. ‘We have 70,000-plus physicians in the state, so it’s a low percentage, but it’s not an insignificant number.’

In North Carolina, about one in five background checks turns up a criminal record on a physician, said Jean Fisher Brinkley, a spokeswoman for the state’s medical board. In an evaluation of disciplinary actions against physicians by medical boards and federal agencies between 1990 and 1999, Public Citizen found 2,903 of 31,110 actions involved criminal convictions, according to a 2006 report. ”¹

“Honesty and attention to detail are qualities expected of physicians, yet two studies looking at applications to training programs in obstetrics show that up to 30 out of every 100 applicants took credit for research publications that could not be found.

‘Our hope is that these are honest mistakes and not willful attempts to mislead,’ said Dr. Michael Frumovitz, a professor at the University of Texas MD Anderson Cancer Center in Houston, and lead author of one of the studies.

In a field where precision is important, ‘even if it’s an honest mistake it’s very troubling,’ he said. Of the 148 doctors who listed that they had published research findings, 44 included a reference to a publication that Frumovitz’s group could not track down.

Dr. Lee Learman, a professor of obstetrics and gynecology at Indiana University School of Medicine, said that it’s not clear whether errors on applications relate to errors in medical practice, but it is of concern.

He said that medical students should be aware that misrepresenting their work could have negative consequences on their careers.

‘Even though we don’t know how this predicts future infractions, most directors of residencies and fellowships don’t want to take the risk,’ Learman told Reuters Health. ‘They might say, this person might misrepresent data about a patient or misrepresent a step they took during surgery.’²

REFERENCES:

- 1) “Criminal background checks provide patchwork protection against rogue doctors”, amednews.com, Carlyne Krupa, April 2, 2012.
- 2) “Many ‘mistakes’ found in newbie-doctors’ resumes”, Reuters Health, Kerry Grens, Feb 21, 2015.